

LN 0800 99125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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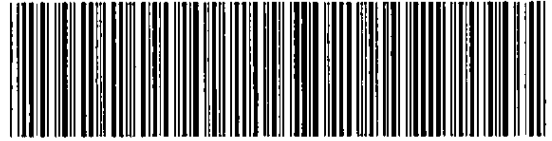
(Business Entity Name)

(Document Number)

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2024 JAN 31 AM 11:06  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 7093 LLC  
\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
Name of Person  
Blind Beak LLC  
\_\_\_\_\_  
Firm/Company  
1716 Capitol Ave Suite 100  
\_\_\_\_\_  
Address  
Cheyenne, WY 82001  
\_\_\_\_\_  
City/State and Zip Code

mship44@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arianna Wittig at (561) 213-9699  
Name of Person Area Code Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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REGISTRATION SECTION  
TALLAHASSEE, FL

**STATEMENT OF AUTHORITY**

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

**FIRST:** The name of the limited liability company is: 7093 LLC

**SECOND:** The Florida Document Number of the limited liability company is: L07000099125

**THIRD:** The street address of the limited liability company's principal office is:  
197 65th Terrace N.  
West Palm Beach, FL 33413

The mailing address of the limited liability company's principal office is:  
197 65th Terrace N.  
West Palm Beach, FL 33413

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SECRETARY OF STATE  
TALLAHASSEE, FL

**FOURTH:** This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: Karin Lurtz aka Karin Lurtz-Wittig, Member, Manager

b. No authority granted to: \_\_\_\_\_

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Karin Lurtz aka Karin Lurtz-Wittig, Member, Manager

b. No authority granted to: \_\_\_\_\_

Karin Lurtz  
Signature of authorized representative

Karin Lurtz  
Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)